



Bib Data Sheet


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Verified and Acknowledged Examiner's Signature _____ Initials CH		INDEPENDENT CLAIMS 4		
ADDRESS Marina Portnova Blakely Sokoloff Taylor & Zafman LLP 12400 Wilshire Boulevard 7th Floor Los Angeles, CA 90025				
TITLE a Predicting output values in computation reuse				
FILING FEE RECEIVED 948	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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